

TITLE VI /ADA DISCRIMINATION COMPLAINT FORM

Please provide the following information in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to Title VI/ADA Manager, BAY AGING/BAY TRANSIT, PO Box 610, Urbanna, VA 23175.

You can reach our office Monday-Friday from 8:30 am to 4:30 pm at 804.250.2019 ext.1102, or you can email the Title VI/ADA Coordinator at kpollock@bayaging.org.

Complainant's Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone No. (Home): _____ **(Business):** _____

Email Address: _____

Person discriminated against (if other than complainant):

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone No.: _____

The name and address of the agency, institution, or department you believe discriminated against you.

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Date of incident resulting in discrimination: _____

Identify the category of Discrimination:

Race _____ **Color** _____ **National Origin** _____ **Disability** _____

Describe how you were discriminated against. What happened and who was responsible? If additional space is required, please either use back of form or attach extra sheets to form.

Does this complaint involve a specific individual(s) associated with DRPT? If yes, please provide the name(s) of the individual(s), if known.

Where did the incident take place?

Are there any witnesses? If so, please provide their contact information:

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone No.: _____

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone No.: _____

Did you file this complaint with another federal, state or local agency; or with a federal or state court?

Yes

No

If answer is Yes, check each agency complaint was filed with:

Federal Agency

Federal Court

State Agency

State Court

Local Agency

Other

Please provide contact person information for the agency you also filed the complaint with:

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Date Filed: _____

Sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant's Signature

Signature Date